## See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

4	UNIFORM HAZARDOUS 1. Generator's US EPA ID No. WASTE MANIFEST CAD   008 25 2   983	Manifest Document No. 18 4 8 2 4	2. Page 1 of	•	on in the shaded areas juired by Federal law.	
	3. Generator's Name and Mailing Address PARA PLATE			A. State Manifest Document Number		
	15910 SHOEMAKER AVE, CERRITOS, CA 90703			ator's p	9 <del>04021</del>	
2000	4. Generator's Phone ( 21)3 404-3434  5. Transporter 1 Company Name 6. US EPA ID N	C. State Trans	Jal I			
	OMEGA RECOVERY SERVICES   CAD   042   245   001			s Phone 2	13 698-0991	
	7. Transporter 2 Company Name 8. US EPA ID N	E State Transporter's ID				
	9. Designated Facility Name and Site Address 10. US EPA ID N	F. Transporter a Phone  G. State Facility's ID				
	OMEGA RECOVERY SERVICES			CAD041212141510101/		
	12504 E. WHITTIER BLVD WHITTIER, CA 90602 CAD 042 245 001			one 698-0	98770375gp75007795b95b	
				otal	14.	
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	No.		uantity	Unit Waste No.	
**	a. WASTE ORM-A N.O.S NA 1693				Stat 211,212	
G E	(FLEXOSOLVENT)	01017	PMOIOE	200	EPA/Other	
N E	b.	Oldiv	T CARCIE	*KAC	F001 E003	
R A					EPA/Other	
T O R					State	
<u>"  </u>	C.				and the second second second	
				11	EPA/Other	
	d.				State	
					EPA/Other	
	J. Additional Descriptions for Materials Listed Above		K. Handling Co		stes Listed Above	
				1	b.	
	A) FOR RECYCLE				d	
	15. Special Handling Instructions and Additional Information					
	PROFILE NUMBER B 10016					
	EMERGENCY PHONE NUMBER 213 404-3434					
	16.					
	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and					
	national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined					
	to be economically practicable and that I have selected the practicable method of tree present and future threat to human health and the environment; OR, if I am a small quite threat to human health and the environment; OR, if I am a small quite threat to human health and the environment; OR, if I am a small quite threat to human health and the environment; OR, if I am a small quite threat t	atment, storage, or antity generator, I h	disposal currently	available t	o me which minimizes the	
	generation and select the best waste management method that is available to me and that I can afford.  Printed/Typed Name Signature Month: Day Year					
	GARV MITCHELL	217	TII.	AD	105116191	
	17. Transporter 1 A&knowledgement of Receipt of Materials	1				
AAA	Printed/Typed Name Signature	1 -11	······································		Month Day Yes	
} L	UAVIER HERIVANDEZ J.	aws He	anar	releg	- 1001/16191	
}	18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name Signature			$-\mathcal{U}$	Month Day Yes	
	- Indian Type Came					
	19. Discrepancy indication Space					
F						
d I						
	20. Facility Owner or Operator Certification of receipt of hazardous materials covered by	this manifest excep	t as noted in Item	1 19.		
- 1 - 1	20. Facility Owner or Operator Certification of receipt of hazardous materials covered by Printed/Typed Name  N. JAY SOLOMON.  Signature	this manifest excep	it as noted in Item	19.	Month Day Yes	

EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

White: TSDF SENDS THIS COPY TO DOH'S WITHIN 30 DAYS



